

Effective Use of a LOSS (Lincoln/Lancaster Outreach to Suicide Survivors) Team

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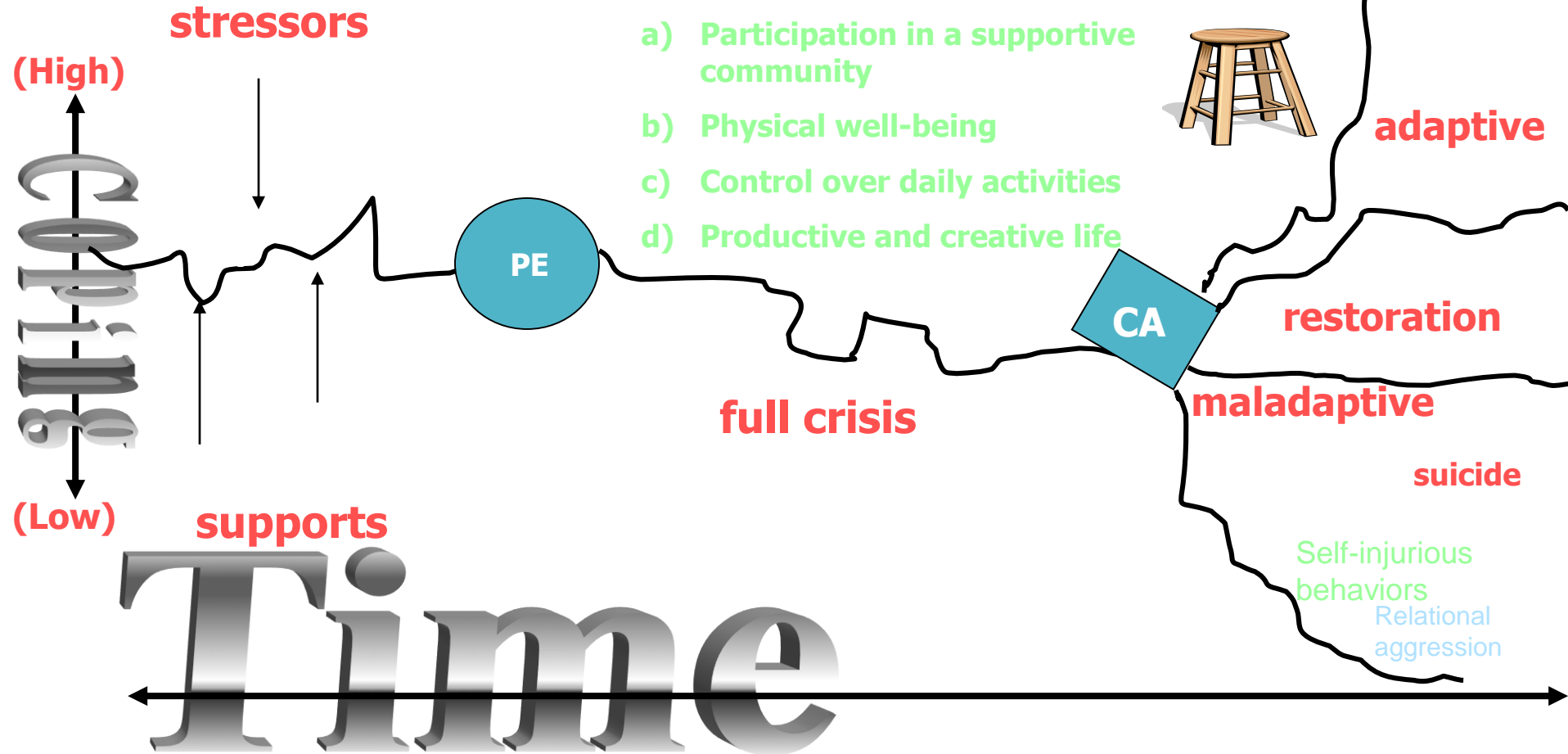


What we know about Sudden and Traumatic Loss

TRAUMA

Grief and Crisis Theory

Hazardous Atmosphere



LOSS Teams' Healing Influence Through Language & Connection

Why?

Sudden Death leading to the Unanswerable "Why?"

Trying to make sense of or understand sudden losses can be difficult.

Survivors are left asking "Why?" "Why did this happen?"

Why?

The suicide of a loved one are beyond anyone's control; they are often a sudden, unexplainable loss.

Why?

It is human nature to want to answer the question "Why?" yet it may be difficult if not impossible to find an answer.

Instead the question "Why?" is more of a plea for meaning and understanding.

Why?

"Why" is more than a question.

It may be an agonizing cry for a heart-breaking loss, an expression of distress or anger, disappointment, bewilderment, alienation, and betrayal.

Why?

There is no answer that bridges the chasm of irreparable separation.

Why?

Assure survivors that is permissible to ask why as often as needed—until one day—the urge to ask why declines.

Consider reframing the why question to that of a response, not choice of the individual.

Dying by suicide may be a response to multiple factors, and influences, which are often hidden from others, along with many influences that may be clear in the mind of the survivor (s).

Why?

Speaking in terms of a choice, reinforces the possibility, unintentionally perhaps, that somehow the survivor should have engaged in an action that would have prevented the behavior.

These words can often freeze the survivor in a survivor guilt phase, perhaps for years, creating pain and guilt.

LOSS Teams' Influence

LOSS Teams can facilitate healing by using language that has evidence to support the its use.

Training & practice of these language skills allows for the LOSS Team to be effective in assisting survivors in moving forward.

LOSS Team Influence

The visit of the LOSS team has multiple purposes & the language skills used can:

- Instill hope by personalizing themselves

- Inform as to self-care, coping & the uniqueness of grief

- Provide a sense of connectedness

- Offer support and referrals to resources

- Use of the power of invitation

- Reduce self-imposed isolation

Hope

Hello, I am I am sorry for your loss.

We are here to provide any support or answer any questions that you might have.

Can I get you anything?

What is the most pressing concern you have?

Each of us are committed to supporting you, and are willing to share whatever time you need now and later, even if it is days or weeks from now.

What not to say!

LOSS team member will not to say---

I understand what you are going through.

I know how you feel.

He/She is no longer in pain.

Things will get better, I know it

Self-care & Grief

Offer the idea of seeking help via support groups, counseling, faith leaders, friends, and family.

Speak openly that some will experience 'grief bursts', and that they will decrease with time

Connectedness

Explore safe conversation by connecting with visual artifacts or pictures

I see that your family/you liked to.....

Use observable strengths, talents, to build a bridge

Reducing Self-imposed Isolation

Reinforce the power of connecting with others as this promotes healing and reducing the natural response to isolate with one's misery and pain

7 Keys to Using Healing Language by LOSS Team members

7 Keys to Using Healing Language

1- Promote Respectfulness

2-Strive to be Nonjudgmental

3-Be calm & relax before engaging in the visit—take several
deep, cleansing breathes

Keys to being calm:

Raise one's hands above the head a few times, as if stretching

This signals the brain to give a hormonal reaction that increases your comfort level and decreases your fight or flight response to stress

7 Keys to Using Healing Language

- 4-Use clear short phrases with emphasis upon open ended questions
- 5-Focus on listening with your inner ear
- 6-Use rich nonverbal communication
- 7-Monitor the emotion of the survivor

LOSS Team Overview

Terri Marti, M.Ed.

LOSS TEAM HISTORY

In 1997, under Dr. Frank Campbell's leadership in Baton Rouge, Louisiana a group was formed to help survivors of suicide find the resources they need.

The group was named the LOSS (Local Outreach to Suicide Survivors) Team.

The team is made up of trained suicide survivors and Baton Rouge Crisis Intervention Center (BRCIC) staff.

LOSS TEAM PROCESS

The LOSS team is composed of two suicide survivors, and one clinician.

They go to the scenes of suicide to spread information about resources and to be the breath of hope for the grieving survivors.

The goal of the LOSS Team is to let suicide survivors know that resources exist as soon as possible following the death.

Survivors have proven to be important resources at the scenes of suicide.

EVIDENCE FOR LOSS TEAMS

Research has shown that suicide survivors can be at 9 times greater risk to complete suicide.

However, with the intervention of a team of individuals composed of mental health clinicians/social workers and suicide survivors (the Local Outreach to Suicide Survivors team), these individuals can be predicted to seek emotional assistance within 3-5 months of a completed suicide as compared to 7-9 years, if at all.

LOSS TEAM FOCUS

LOSS is an effort to bring immediate support to survivors of suicide.

The purpose of a LOSS Team is to reduce trauma, normalize grief, and to role model healthy adjustment to suicide loss.

LOSS acts as a first response team when a suicide occurs and works together with law enforcement officers, chaplains, and other first responders.

Lincoln/Lancaster LOSS Team Implementation

The Lincoln/Lancaster County (Nebraska) team was built with a grass root level of involvement with stakeholders including individuals bereaved by suicide, law enforcement, providers, state level of stakeholders, community foundation representatives, and media.

After nearly three years of planning and collaboration, the Lincoln/Lancaster Outreach to Suicide Survivors team became active on July 1, 2009.

DEFINITIONS

- ▶ SURVIVOR---A person bereaved by the death of someone by suicide.
- ▶ TEAM COORDINATOR---Person on-call in charge of coordinating each call received to activate the team.

DEFINITIONS cont.

- ▶ TEAM LEADER---Person on-call who serves as the primary liaison with law enforcement, faith ministry & the survivors.
- ▶ CLINICIAN---A mental health professional and /or licensed medical staff.

DEFINITIONS, cont.

- ▶ TEAM MEMBER---Person on-call who is present at call-outs.
- ▶ CLINICAL DIRECTOR---Clinician who monitors the mental health of the Team. Codes the data and outcomes
- ▶ CHAPLAIN CORPS---Volunteer Chaplains for Lincoln Police Department

Activating the Team

Chaplain activates the Team



Team Coordinator calls the Team



Team Leader prepares the Team

PREPARING THE TEAM

Team Coordinator Gathers the Following Information

- ▶ Name and Age of deceased
- ▶ Date and time of Death
- ▶ Method and location
- ▶ Notifications made?
- ▶ Names and relation of family members
- ▶ Name of Chaplain
- ▶ Choose a meeting place to gather together

MAKING THE VISIT

Chaplain shares information with Team Leader



Team provides support, etc. attempts to complete visit in 30-45 minutes

Stress Debriefing of the Team

- ▶ Team meets to debrief the call out
- ▶ Choose a semi-private place to meet
- ▶ Call Clinical Director
- ▶ Go through events of the call out
- ▶ Clinician & Clinical Director checks with all members for stressors or unexpected feelings

Follow up by the Team

Team Leader provides a follow up call within two weeks or designates Team member for assistance



Team Leader fills out Loss Team Intake and Follow Up forms for Clinical Director

ON SCENE PROCEDURES

- ▶ During each visit, the LOSS Team plans to accomplish the following goals:
- ▶ 1. Establish a connection with family members.
- ▶ 2. Explain the LOSS Team is there to provide help and support.
- ▶ 3. Ensure basic needs of family are being met.
- ▶ 4. Have LOSS team survivor members share their story.

Procedures, cont.

- ▶5. Provide contact information for Mental Health & Professional services relating to suicide.
- ▶6. Provide family members with a LOSS Information packet.
- ▶7. Encourage family to contact support groups in Lincoln.
- ▶8. Ask if family needs any help with other basic needs or resources in Lincoln.
- ▶9. Arrange a follow up call within 2 weeks.



Looking to the Future

Would you like to see a LOSS team occurring in your area?

Contact your local behavioral health region office.

An important first step is to help the LOSS team find a “home”.

Having a home allows for centralized location, sustainability, etc.

The second step is to develop a core group to take on leadership, and to develop a vision that can sustain the effort over time!

Developing a suicide survivor support group if one does not exist, needs to be a key priority

Looking to the Future

LOSS Teams can be a resource for public schools, and other large groups such as churches, businesses, e.g.

LOSS Teams can promote accessing mental health services by individuals and families who are suicide survivors by creating “no fee” mental health provider relationships

Promoting suicide prevention awareness is a natural result of promoting community walks, and other activities

Resources

<http://nelossteam.nebraska.edu/>

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Questions

